

**Suggested format of
Application to Director for Initial Approval of Third Party Labor Compliance Program
(8 CCR §16426)**

NOTE: If necessary, you may attach additional sheets.

The Director may ask for additional documentation as to any information provided or any other information that may have a bearing
on your ability to do labor compliance enforcement.

Entity Seeking Approval as Third Party Labor Compliance Program:

Name

Address

Contact Person:

Name

Address

Phone Fax E-Mail

A. Identify the individuals who will be enforcing the Labor Compliance Program (LCP).

1. _____
Name

Title

Experience/training on public works/labor compliance issues (Please provide specific dates, details and examples of public works prevailing wage rate enforcement activities, including whether such experience involve federal, state, or local law. In addition, please include private sector experience on behalf of unions or contractors or on a joint labor management committee pursuant to the federal Labor Management Cooperation Act of 1978 (29 U.S.C. section 175a). Furthermore, please include participation in any public works enforcement training provided by the Division of Labor Standards Enforcement (DLSE)):

LCP duties and responsibilities to be performed including percentage of time to be devoted to LCP work:

2. _____
Name

Title

Experience/training on public works/labor compliance issues (Please provide specific dates, details and examples of public works prevailing wage rate enforcement activities, including whether such experience involve federal, state, or local law. In addition, please include private sector experience on behalf of unions or contractors or on a joint labor management committee pursuant to the federal Labor Management Cooperation Act of 1978 (29 U.S.C. section 175a). Furthermore, please include participation in any public works enforcement training provided by the Division of Labor Standards Enforcement (DLSE)):

LCP duties and responsibilities to be performed including percentage of time to be devoted to LCP work:

3. _____
Name

Title

Experience/training on public works/labor compliance issues (Please provide specific dates, details and examples of public works prevailing wage rate enforcement activities, including whether such experience involve federal, state, or local law. In addition, please include private sector experience on behalf of unions or contractors or on a joint labor management committee pursuant to the federal Labor Management Cooperation Act of 1978 (29 U.S.C. section 175a). Furthermore, please include participation in any public works enforcement training provided by the Division of Labor Standards Enforcement (DLSE)):

LCP duties and responsibilities to be performed including percentage of time to be devoted to LCP work:

- B. Identify the geographical area in which the entity intends to operate its Labor Compliance Program and the identity of the Awarding Bodies and Joint Powers Authority, if any, with whom the entity intends to contract for operation of a Labor Compliance Program.

- C. State whether the entity shares personnel, management, ownership or other close affiliation with any of the following:

- (1) any contractor or subcontractor that within the preceding five years has been awarded a public works contract within the geographical area with any Awarding Body or Joint Powers Authority identified in item B above;
- (2) any person or entity who has been the surety on such a contract;
- (3) any joint labor-management committee established pursuant to the Federal Labor Management Cooperation Act of 1978 (section 175a of Title 29 of the United States Code); or
- (4) any person or entity who has represented workers employed in the same or similar classifications as those employed for such a contract and who has been engaged in (i) an organizational campaign under the National Labor Relations Act with contractors competing for such contracts or (ii) a jurisdictional dispute with another collective bargaining representative of workers utilized for such contracts.

For each affiliation, please provide the name, address, telephone number, and principal contact person for the person or entity; please identify shared personnel, management, and ownership; and if applicable, please provide a short description of the nature and extent of any other close affiliation:

[illegible]

- D. Describe the record of any contractor, subcontractor, surety, worker representative, or other person or entity referred to in your response to item C above with respect to compliance and enforcement or aiding in the compliance and enforcement of prevailing wage requirements under the Labor Code in the preceding five years.

- E. Identify the attorney or law firm available to provide legal support for the LCP, and whether the persons or firms providing that support also represent any contractor, subcontractor, surety, or worker representative referred to in item C above.

Attorney/Law Firm Name

Address

Contact Person & Phone Number

- F. Please indicate what you will do to ensure that you properly exercise the rights and responsibilities imposed on the Labor Compliance Program as an agent of a governmental agency under Section 16421(c). Please include in your answer (1) what is the division of authority between you and any Awarding Body with whom you intend to contract; (2) what specific procedures and protocols you have for the handling and disclosure of payroll and other records; and (3) who among the persons identified in A above will be filing FPPC conflict of interest forms and with what entities those forms will be filed; and (4) what orientation and training you will provide to ensure awareness and compliance with these rights and responsibilities by all persons involved in the operation of your program.

- G. Indicate the method by which the Labor Compliance Program will transmit notice to the Labor Commissioner of violations which may lead to debarment under Labor Code Section 1777.1.

- H. Attach copies of any Awarding Body resolutions to contract with your Program.
- I. Attach the proposed manual outlining the responsibilities and procedures of the LCP to any Awarding Body or Joint Powers Authority with which it contracts.

LCP's Authorized Representative
Name and Signature

Date Signed

Mail two copies of this form and attachments to:

**OFFICE OF THE DIRECTOR
DEPARTMENT OF INDUSTRIAL RELATIONS
455 GOLDEN GATE AVENUE, 10th FLOOR
SAN FRANCISCO, CA 94102
ATTENTION: EXECUTIVE ASSISTANT TO THE DIRECTOR**